

**HOUSTON INDEPENDENT SCHOOL DISTRICT**

Office of Special Education Services

Screening For Instructional Strategies - Music Therapy

Name _____

Date of birth _____

§ 300.302 Screening for instructional purposes is not an evaluation.

The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services. (Authority: 20 U.S.C. 1414(a)(1)(E))

I. Date of request (Please specify date of meeting): _____**II.** Identify the referring source (i.e. ARD/IEP Committee, Staffing, Parent): _____**III.** Preferred time and place for teacher conference/classroom observation: _____**IV. Complete the following demographic information:**

Name _____ ID# _____ School _____

Grade _____ Teacher to contact: _____ Field Office: _____

Disability (i.e., OI, OHI): _____

V. Identify and describe the curriculum area (TEKS) or IEP goal where the student is not progressing or needs extra assistance to be addressed by this referral.**VI. Describe the barrier(s) that exist which prevent the child/adult student from achieving in the curriculum area of progressing toward the IEP goals indicated in section V.****VII. Identify and describe the strategies or campus level interventions that have been tried to support the child/adult student to achieve in the curriculum or goal.**

Name and title of person completing this form: _____

Date of referral: _____

Information Below this line is to be completed by the Service Provider***Actions taken in response to the request:***☐ Review of the child/adult student's assessment information, present levels of academic achievement and functional performance, and documentation previous services and supports provided.

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- ☐ Observation of the classroom environment where the educational concern is presented.
- ☐ Conversations with the child/adult student's teacher(s) regarding the child/adult student's history and progress in relation to the identified educational concern.
- ☐ Review of the child/adult student's work samples that have been collected by the child/adult student's teacher(s).

Disposition:

- ☐ Suggestions for the child/adult student's parents or teachers to implement as a general strategy in the classroom or at home. No evaluation is needed at this time.
- ☐ Training for school personnel on strategies to support this educational concern in the educational setting. No evaluation is needed at this time.
- ☐ Recommendation to the ARD/IEP committee to request an evaluation to determine the educational need for music therapy services.
- ☐ The student is progressing in the identified curriculum area or educational goal with the current program in place. No additional assistance is indicated at this time.

Comments:

Provider _____

Date completed: _____

Document
Signature Field: